

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	MTN	50	06-22-01
FORMALITY REVIEW	AM	917	08-21-01
RESPONSE FORMALITY REVIEW	CK	1109	11-16-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/02
2	8/02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here